# L06000118744

Office Use Only



000264722820

09/29/14--01021--008 \*\*25.00

OCT - 6 2014 T U ....

## **COVER LETTER**

TO: Registration Section Division of Corporation			ě.		
SUBJECT:	Name of Lim	Coofing L.L.C.			
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
		Name of Person  ON ROLDING L  Firm/Company  30× 913  Address		2014 SEP 29 SECON TARY	waring.
	P.O. 13	30× 413 Address		· 355 - 29	1
	Naph	es, FL 3410  City/State and Zip Code  M @ CON roy rou-fing to be used for future annual report notifi	g, com	A OLE STATE A CALL	
For further information conc	•	•	cation)		
Name of Pe	ONTOY	at (239) 352  Area Code Daytime	~ 1664 Telephone Number	<del></del>	
Enclosed is a check for the fo	ollowing amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTOY	Roofing LLC.	
	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document numberL 06 000 1187		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
		201 201
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the	abbreviation, "L.L.G."
Enter new principal offices address, if applicable:		F 20 F
(Principal office address MUST BE A STREET ADD	DRESS)	
		20 21 T
Enter new mailing address, if applicable:		関係し
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	zip Coue

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR'= Manager

AMBR = Authorized Member Title **Type of Action** Name **Address** Robert T CONTOY 860 6th Ave S Naples Fr DAdd 34106 MGRM \_□ Add ☐ Remove □ Remove □ Add ☐ Remove \_□ Add ☐ Remove \_□ Add

•		-
		-
		_
	. * * * * * * * * * * * * * * * * * * *	2014
		- 83
		- <del></del>
(The eff	etive date, if other than the date of filing:  (optional)  Frective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)	IL SEP 29
(The eff the da	tive date, if other than the date of filing:  [Coptional]  [Sective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)  [Coptional]  [Coptional]  [Coptional]	P 29 图 1::
(The eff the da	frective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) $Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-$	:
(The eff the da	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)	:

Page 3 of 3

Filing Fee: \$25.00